

APR 23 1940

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

11553

Do not use this space.

1. PLACE OF DEATH

(a) County Lewis

(b) Township Dickerson

(c) City

(d) Street No.

Registration District No. 477

Primary Registration District No. 5646

Registered No. 10

(e) Length of residence in city or town where death occurred

(If death occurred in Hospital or Institution, write its name instead of street and number)

(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No.

(Usual place of abode, if no street address, write county or city)

St.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR

DIVORCED (write the word)

Single

5A. IF MARRIED, WIDOWED, OR DIVORCED  
HUSBAND OF  
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 4th. 1940

7. AGE

YEARS

0

MONTHS

0

DAYS

3

IF LESS than 1  
day, ..... hrs.  
or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of  
work done, as sawyer, bookkeeper, etc.

9. Industry or business in which work  
was done, as saw mill, bank, etc.

10. Date deceased last worked at  
this occupation (month and  
year)

11. Total time (years)  
spent in this  
occupation

12. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)

Lewis County, Mo.

FATHER

13. NAME Leo Gaus

14. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Lewis County, Mo.

MOTHER

15. MAIDEN NAME Mildred Lewis

16. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Lewistown Missouri

17. INFORMANT  
(ADDRESS)

Leo E. Gaus  
Lewistown, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Midway

DATE March 8th. 1940

19. FUNERAL DIRECTOR (NAME) A.A. Roberts

(ADDRESS)

La Grange Mo.

20. FILED

Mar. 8. 1940 H. W. Harris

Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Mar. 7. 1940

22. I HEREBY CERTIFY, That I attended deceased from

3/4. 1940. to 3/7/1940.

I last saw him alive on 3/7/1940. Death is said

to have occurred on the date stated above, at 10. am.

The principal cause of death and related causes of importance were as follows:

Morbus Coraculeus  
(blue baby).

Date of onset

Other contributory causes of importance:

wreak heart

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Mr. Earl Porter M.D.

(Address)

Center Mo.

RECEIVED

District Health Officer No. 10

District File No. 4-40-794

Date Filed APR 9 1940

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, \_\_\_\_\_, or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**